MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10958

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo. 9 days

Stay in this community (yrs., or mos., or days): 3 mo. 9 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Deal's Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** James E. Abbott

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 20, 1919

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 19 | 10 | 11 | hrs. min. |

9. Birthplace: Deal's Island, Maryland
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER — 12. Name: Holly Abbott

FATHER — 13. Birthplace: Deal's Island, Maryland

MOTHER — 14. Maiden name: Drusella White

MOTHER — 15. Birthplace: Maryland

16. Informant: James E. Abbott

Address: Deal's Island, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4, 1939 (month) (day) (year)

Cemetery or crematory: St. John's M.E. Cemetery

Location: Deal's Island, Md.

18. Funeral director: L. G. Webster

Address: Deal's Island, Md.

19. 11/1/39 (Date rec'd by registrar) 19 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1939, at 5:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1939, to Nov. 1 1939, and that I last saw him alive on November 1 1939

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary tuberculosis | 6 mo. |
| Due to: Tubercle bacilli | |
| Due to | |
| Other conditions: Tuberculous laryngitis | 2 mo. |
| (Include pregnancy within 3 months of death) | |

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 11/1/39

RECEIVED
DEC 6 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Bur a)

Reg. Dist. No. 131

10959

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14hrs.

(e) Length of stay in this community (yrs., mos., or days) 40yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) ~~City~~ or ~~town~~ Rural, Brunswick, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Brunswick, Md. R.D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Andrew David Arnold

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married

6 (b) Name of ~~husband~~ or wife Amanda C. Young

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1866

8. AGE: Years 73 | Months 1 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Burkittsville, Fred., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business General farming

FATHER

12. Name David Arnold,

13. Birthplace Burkittsville, Md.

MOTHER

14. Maiden Name Mary Wiener,

15. Birthplace Burkittsville, Md.

16 (a) Informant Mr. David J. Arnold,

(b) Address Brunswick, Md.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 11/18/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Union Cemetery

Location Burkittsville, Maryland

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Md.

19 (a) 16 Nov - 39 (Date rec'd by registrar) (b) Lyman Lundy Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 15th., 1939, at 11.25A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1939, to Nov 15 1939, and that I last saw him alive on Nov 15 1939.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | |
| Due to Arterio Sclerosis | 24 hrs |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E P Thomas, M. D. or other

Address Frederick, Md. Date signed 11/15/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (77) Reg. Dist. No. 144

## CERTIFICATE OF DEATH

10960

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Creagerstown (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Fredk
(c) City or town Creagerstown (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Bartgis
3 (b) If veteran, name war ✓
3 (c) Social Security No. —
4. Sex male
5. Color or race White
6 (a) Single, married, widowed or divorced. married
6 (b) Name of husband or wife Martha A Schildt
6. (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Dec. 22-1861
8. AGE: Years 77 Months 10 Days 25 If less than one day ____hr. ____min.
9. Birthplace Bedford Penna
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Daniel Bartgis
13. Birthplace Penna
MOTHER 14. Maiden Name Rebecca (Not known)
15. Birthplace Penna
16 (a) Informant Mrs. Martha A Bartgis
(b) Address Thurmont Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-39 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mt Hope Cem. Woodsboro
18 (a) Funeral director Mt Creagerstown
(b) Address Thurmont Md
19 (a) Nov. 18-1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

**MEDICAL CERTIFICATION**

20 Date of death November 17 1939, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1939, to Nov. 17-1939, and that I last saw him alive on Nov. 16 1939.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerosis | 10 years |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

**PHYSICIAN**
Underline the cause to which death should be charged atatistically.

22. If death waa due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. A. Stultz M. D.
M. D. or other
Address Woodsboro Md. Date signed 11-17-1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 120

## CERTIFICATE OF DEATH

10961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Nr. Buckeystown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Nr. Buckeystown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertie Ellen Barton

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry Barton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 3, 1881

8. AGE: Years 58 | Months 10 | Days 5 | If less than one day ____hr. ____min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name Frederick Ambush
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Ellen Jackson
15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. Taney E. Howard
(b) Address Nr. Buckeystown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39 (month) (day) (year)
(c) Cemetery or crematory Colored Cemetery
Location Point of Rocks, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) Nov 10 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death November 8th 1939, at 12:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1938, to 11-7 1939, and that I last saw him alive on 11-6 1939.

Immediate cause of death Carcinoma of Breast — Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. C. Bourne M.D. or other

Address Frederick, Maryland Date signed 11/8/39

RECEIVED
DEC 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

107-a

## CERTIFICATE OF DEATH

10962

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 104 E. S. St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~yrs. days~~
(e) Length of stay in this community (yrs., mos., or days) 7- 11.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Fredmik
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 East 5th. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Marolene D. Broun.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 1- 1939

8. AGE: Years — Months: 7 — Days: 11 — If less than one day: _____ hr. _____ min.

9. Birthplace Frederick Fred. Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Carlin Broun.
13. Birthplace Md.

MOTHER
14. Maiden Name Marolene Luby.
15. Birthplace Md.

16 (a) Informant Mrs. Carlin Broun.
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- 13- 39 (month) (day) (year)
(c) Cemetery or crematory Fairview Cemetery
Location Near Frederick.

18 (a) Funeral director Richard M. Conrad.
(b) Address Frederick Md.

19 (a) 13-Nov. 39 (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov. 12 1939, at 8.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11- 6 1939, to 11-12 1939, and that I last saw h[illegible] alive on 11-12 1939.

| | Duration |
|---|---|
| Immediate cause of death: Bronchopneumonia | 5 days |
| Primary. Duration: three days. | |
| Due to: There was no associated disease. | |
| Due to: [illegible] | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick Md. Date signed 11-13 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (476)

# CERTIFICATE OF DEATH

10963

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

**1. PLACE OF DEATH:**

County: Frederick,

City or town: Sanatorium, (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 9 Days

Stay in this community (yrs., or mos., or days): 9 Days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Walter B. Brown.

**3. (b) Social Security Number:** 213-12-5961

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Mabel E. Brown

6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): May 26 1904

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 35 | 6 | 0 | hrs. min. |

9. Birthplace: Denton. Md. (Town, county, and state)

10. Usual occupation: Carpentor

11. Industry or business

FATHER 12. Name: Frederick C. Brown.

FATHER 13. Birthplace: Chillicotti. Ohio

MOTHER 14. Maiden name: Bessie E. Stevens.

MOTHER 15. Birthplace: Denton. Md.

16. Informant: Walter B. Brown

Address: Denton. Md.

17. Buriel (Burial, cremation, or removal. Which?) Date thereof Nov 29 1939 (month) (day) (year)

Cemetery or crematory: unknown

Location: Denton Md

18. Funeral director: M.L.Creager

Address: Thurmont. Md.

19. 11/27/39 (Date rec'd by registrar) 19 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1939, at 9.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17 1939, to Nov 26 1939, and that I last saw him alive on Nov 26 1939.

| Immediate cause of death | DURATION |
|---|---|
| Metastatic Carcinoma of lungs | Unknown |
| Due to Location of original tumor unknown | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: n one

Of autopsy: none

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. M. D. or other

Address: State Sanatorium Md Date signed 11/26/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (122-a)

10964

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

**1. PLACE OF DEATH:**
County Frederick
City ~~or town~~ Frederick City Hospital
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick, Md.
Stay in hospital or inst. (yrs., or mos., or days) 18 days
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Montg
~~City or town~~ Barnesville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural, Barnesville Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME: William C. Brown
3. (b) Social Security Number: No

4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ or wife: Emily H Brown
8(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.): Feb 7 - 1881

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 9 | 10 | hrs. min. |

9. Birthplace: Barnesville, Montg. Co.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: William C. Brown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary G. Darby
15. Birthplace: Maryland

16. Informant: Mrs W. C. Brown
Address: Barnesville, Md.

17. Burial - Date thereof Nov. 19, 39
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)
Cemetery or ~~crematory~~ Monocacy
Location: Barnesville, Md

18. Funeral director: William B Hilton
Address: Barnesville, Md

19. 17-Nov. 39 19 J. McCurdy
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Nov 17 1939, and that I last saw him alive on Nov 17 1939.

Immediate cause of death: Coronary occlusion

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Strangulated Hernia Oct 30 '39

Of autopsy —

DURATION: 2 hours

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: E P Thomas
M. D. or other
Address: Frederick Md Date signed Nov 17 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (85)

10965

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick
City or town: State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 28 days
Stay in this community (yrs., or mos., or days): 28 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2107 Annapolis Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William E. Byrd, Jr.

3. (b) Social Security Number: 212-01-8367

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lucy Byrd
6 (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): June 24, 1900

8. AGE: Years 39 | Months 4 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:

FATHER
12. Name: William Byrd
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Susie Hanrickle
15. Birthplace: Baltimore, Md.

16. Informant: William E. Byrd, Jr.
Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Not as yet known
Location:
18. Funeral director: Mr. Augustus Fox
Address: Thurmont Md

19. 11/5/39 19 (Date rec'd by registrar) [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1939, at 4:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1939, to November 5 1939, and that I last saw him alive on November 5 1939.

Immediate cause of death: Epilepsy — DURATION: 10 min.
This patient died in — Status epilepticus.
Due to: Unknown
Due to: This death was not due to tuberculosis.
Other conditions: Lung abscess; non-tuberculous; non-specific. Duration: several weeks.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M. D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 11/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10966

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium, Maryland. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatcrium

Stay in hospital or inst. (yrs., or mos., or days): 2Mo 29 Days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County: Alleghany.

City or town: Cumberland. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 11 Eutaw. Place (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mildred Sarah Champ

3. (b) Social Security Number: none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 8 1919

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 19 | 11 | 15 | hrs. min. |

9. Birthplace: Elkins. W.Va. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Jacob Champ

13. Birthplace: Elkins. W.Va.

MOTHER

14. Maiden name: Gertrude Barkley

15. Birthplace: Elkins. W.Va.

16. Informant: Mildred S. Champ

Address: Cumberland. Md.

17. Buriel (Burial, cremation, or removal. Which?) Date thereof Nov. 26. 1939 (month) (day) (year)

Cemetery or crematory: Bowden

Location: West Virginia

18. Funeral director: M.L. Creager

Address: Thurmont. Md.

19. 11/23/39 (Date rec'd by Registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1939, 11.56 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24 1939 to Nov 23 1939, and that I last saw her alive on Nov 23 1939

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | 6 Mos. |
| Due to: Tubercle Bacilli | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. M. D. or other

Address: State Sanatorium md Date signed 11/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) (B) Reg. Dist. No. 138

# CERTIFICATE OF DEATH

10967

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Ijamsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Riggs Cottage Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Mass. (b) County Plymouth
(c) City or town Hingham
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth Atkinson Coale

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Geo. O. G. Coale

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1856

8. AGE: Years 82 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Atkinson
13. Birthplace Fall River, Mass.

MOTHER
14. Maiden Name Annie Stagg,
15. Birthplace Mass.

16 (a) Informant Mr. Richard Inglis,
(b) Address Everett St., Hingham, Mass.

17 (a) Boston (Burial, cremation, or removal) (b) Date thereof 11/5/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Cambridge, Mass.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) Nov 5-1939 (Date rec'd by registrar) (b) Lucian K. Talbert Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 5th., 1939, at 12.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6, 1939, to 11/5 1939, and that I last saw her alive on 11/5 1939

| Immediate cause of death | Duration |
|---|---|
| Apoplexy | 11/4/39 |
| Cerebral Arteriosclerosis | ? |
| Due to | |
| Due to | |
| Other conditions | |
| Vascular Hypertension (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Meadows M. D. or other

Address Ijamsville, Md. Date signed 11/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

10968

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 East Lt. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME William Garfield Costley.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 49? | Months — | Days — | If less than one day: _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Grafton Costley
13. Birthplace Md.

MOTHER
14. Maiden Name Lizzie Chambers
15. Birthplace Md.

16 (a) Informant Miss Adelsberger
(b) Address Emergency Hospital Frederick, Md

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 11/8/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Pleasant A.M.E.
Location Mt. Pleasant, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 7-Nov. 39 (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death November 6 1939, at 4 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov 6 1939, and that I last saw him alive on Nov. 6 1939

| Immediate cause of death | Duration |
|---|---|
| Arterio-Sclerotic Cardiovascular-Renal Disease | 2 yrs. |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Culley M.D.
M. D. or other

Address Buckeystown, Md Date signed 11-6-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

10969

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
City or town Fredk (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or Inst. (yrs., or mos., or days) Died Sept 21-39
Stay in this community (yrs., or mos., or days) Life

**2. USUAL RESIDENCE (HOME) OF DEceased:**
(For newborn infants give residence of mother)
State Md County Fredk
City or town Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Harold Kay Shoff

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 16 - 1924

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 15 | 7 | 20 | ____ hrs. ____ min. |

9. Birthplace Fredk Co. Maryland (Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER 12. Name Morgan E. Dayhoff

13. Birthplace Maryland

MOTHER 14. Maiden name Rebecca R. Shine

15. Birthplace Maryland

16. Informant Morgan E. Dayhoff

Address Woodsboro Md.

17. Burial (Burial, cremation, or removal: Which?) Date thereof Nov. 8. 1939 (month) (day) (year)

Cemetery or crematory Lakeview Grove

Location Near Unionville Md

18. Funeral director Powell & Albaugh

Address Woodsboro Md

19. 6-Nov - 1939 (Date rec'd by registrar) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 - 1939, at 11½ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 - 1939, to Nov 5 1939 and that I last saw h[illegible] alive on Nov 5 1939

| Immediate cause of death | DURATION |
|---|---|
| Septicaemia | 1 mo |
| Due to Streptococcus Hemolyticus | |
| Due to | |
| Other conditions Lung abscess | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E P Shoemb M. D. or other

Address Frederick Date signed Nov 5 - 39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 131

10970

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution:~~ 410 Elm St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 51 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 410 Elm St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Florence J. Doll

3 (b) If veteran, name war ✓

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Chas. D. Doll

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 27 - 1857

8. AGE: Years 81 | Months 10 | Days 25 | If less than one day _____ hr. _____ min.

9. Birthplace Lewistown Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name Frederick A. Stull

13. Birthplace Frederick Co.

MOTHER

14. Maiden Name Annie Holtz

15. Birthplace Frederick Co. Md.

16 (a) Informant Arthur H. Doll

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 24/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 24 Nov 39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 21 1939, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1939, to Nov. 21 1939, and that I last saw her alive on Nov. 21 1939.

Immediate cause of death Myocardial Degeneration

Due to Chronic Myocarditis

Due to Senescence

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Howard W. Ash M.D. (M. D. or other)

Address Frederick, Md. Date signed 11/24/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C) Reg. Dist. No. 138

## CERTIFICATE OF DEATH

10971

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town New Market
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 56 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or town New Market, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** C. A. Lawrence Downey

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 14 1883

8. AGE: Years 56 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace New Market, Md
(Town, county, and state)

10. Usual occupation Billing Clerk

11. Industry or business Ox Fibre Brush Co

FATHER
12. Name Frank Downey
13. Birthplace New Market, Md

MOTHER
14. Maiden Name Fannie Lawrence
15. Birthplace Huntsville

16 (a) Informant Marguerite Jane Downey
(b) Address New Market Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Market
Location New Market Md.

18 (a) Funeral director Harry E. Cartee
(b) Address Frederick, Md.

19 (a) Nov 29 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

**MEDICAL CERTIFICATION**

20. Date of death Nov 29 1939, at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1938, to Nov 29 1939, and that I last saw him alive on Nov 29 1939.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 4 days |
| Due to: Arteria-Sclerosis | 9 yrs. |
| Due to: | |
| Other conditions: Chronic myocarditis | 2 yrs |

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Ernest P. Roop, M.D.
(M. D. or other)
Address New Market, Md Date signed Nov 29, 1939

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

10972

# CERTIFICATE OF DEATH

Reg. Dist. No. 137

**1. PLACE OF DEATH:**
County Frederick
City or town Unionville, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland. County Frederick
City or town Unionville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

**3. (a) FULL NAME** Myra Ecker Dudderar

**3. (b) Social Security Number** No.

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name ~~of husband or wife~~ late D. Alton Dudderar
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 8, 1867
8. AGE: Years 72 Months 6 Days 5 If less than one day hrs. min.
9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business
FATHER 12. Name William Ecker
13. Birthplace Maryland.
MOTHER 14. Maiden name Augusta Barnes
15. Birthplace Maryland.
16. Informant Mr. William Dudderar
Address New Windsor, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1939. (month) (day) (year)
Cemetery or crematory Linganore M.E.
Location Unionville, Md.
18. Funeral director C. M. Waltz
Address Winfield Md
19. Nov 15 1939 (Date rec'd by registrar) [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1939, at 7:15 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Nov 13 1939, and that I last saw her alive on Nov 12 1939.
Immediate cause of death (Injury to brain in fall) - meningitis (Traumatic)
Due to injury to brain in fall.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 9-17-39
Where did injury occur? (City or town) Fred. (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fall Injured at work? —

23. SIGNATURE T. H. Legg MD
M. D. or other
Address Union Bridge Date signed 11-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

10973

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
City or town Emmitsburg #5
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Emmitsburg #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Carrie Helen Ferguson

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | ~~Married~~ Widowed |

6 (b) Name of husband or ~~wife~~ Anannias Ferguson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1861

8. AGE: Years 78 | Months 0 | Days 6 | If less than one day hrs. min.

9. Birthplace Frunds Creek
(Town, county, and state)

10. Usual occupation House Duties

11. Industry or business

FATHER
12. Name Simon Miller
13. Birthplace Md.

MOTHER
14. Maiden name Sarah Sanders
15. Birthplace Md.

16. Informant Russell Ferguson
Address Emmitsburg #1 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23/39 (month) (day) (year)
Cemetery or crematory St. Anthonys Cem.
Location Emmitsburg Md.

18. Funeral director Walter Y. Storck
Address Waynesboro Pa

19. 11/21 1939 Chas. E. Shields
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1939, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1939 to Nov. 20, 1939, and that I last saw him alive on Nov. 18 1939

Immediate cause of death Valvular Heart disease (with decompensation) DURATION 0 yrs

Due to

Due to

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ira M. Henderson. M. D. or other
Address Fairfield. Pa. Date signed 11-21-39

RECEIVED
DEC 6 1939
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948) CP Reg. Dist. No. 131

10974

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 210 East 5th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 mo.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State — (b) County —
(c) City ~~or town~~ Washington D. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 E. St. N. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Robert G. Lamar Filby.

3 (b) If veteran, name war: no
3 (c) Social Security No. 578-05-1887

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married, widowed,~~ or divorced. Divorced.

6 (b) Name of ~~husband or~~ wife Mamie Grubb.
6. (c) If alive, give age 50? years

7. Birth date of deceased (mo., day, yr.) Sept. 14 - 1885

8. **AGE:** Years 54 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Fred. Co. Md. (Town, county, and state)
10. Usual occupation Teacher
11. Industry or business Riding academy.

FATHER
12. Name Thaddeus Filby
13. Birthplace Maryland.

MOTHER
14. Maiden Name Harcean Wilson
15. Birthplace Maryland.

16 (a) Informant Mrs. Stewart Filby
(b) Address Frederick Md. 210 E 5.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11 (month) 29 (day) 39 (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cem.
Location Frederick Md.

18 (a) Funeral director Richard M. Conrad.
(b) Address 15 E 4. Frederick Md.

19 (a) 28-Nov-1939 (Date rec'd by registrar) (b) Ivan J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov 26 1939, at 8.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ✓ 19__, to ✓ 19__, and that I last saw him alive on ✓ 19__.

Immediate cause of death Coronary thrombosis
Due to arterial sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. **Signature** R. W. Baer M. D. or other
Address Frederick Md Date signed Nov. 28/39

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

# CERTIFICATE OF DEATH

10975

Reg. Dist. No. 131

**1. PLACE OF DEATH:**

County Frederick

City or town Frederick, Rural - R.F.D. I.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Frederick Rural - R.F.D. Ward No. I.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Catharine M. Fisher

**3. (b) Social Security Number** —

| 4. Sex | 5. Color or race | 6. (a) ~~Single~~, married, ~~widowed, or divorced~~ |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband ~~or wife~~ George E. Fisher

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 15, 1876

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 4 | 11 | ____ hrs. ____ min. |

9. Birthplace Wolfsville, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Wilson Stottlemyer

FATHER 13. Birthplace Wolfsville, Md

MOTHER 14. Maiden name Catharine Shuff

MOTHER 15. Birthplace Wolfsville, Md.

16. Informant George E. Fisher

Address Frederick Md. RFD 1

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 29, 1939 (month) (day) (year)

Cemetery or ~~crematory~~ St. John's Luth. Cem.

Location Church Hill Fred. Co.

18. Funeral director Gladhill Company

Address Middletown, Md.

19. 29 Nov 1939 (Date rec'd by registrar) Dra J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1939, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1939, to Nov. 26 1939, and that I last saw h-- alive on Nov. 26 1939.

| | DURATION |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 6 hrs |
| Due to: Hypertension | 2 yrs |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. A. Thomas
M. D. or other

Address Frederick, Md Date signed Nov 29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (165)

# CERTIFICATE OF DEATH

10976
Reg. Dist. No. 144

**1. PLACE OF DEATH:**
County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Frederick
City or town Thurmont. Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Madie Victoria Fogle
3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Oscar R. Fogle
6(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.): May. 7th. ~~1939~~ 1891

8. AGE: Years 48 | Months 6 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace: Foxville. Fredk Co. MD (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business: Own Home
FATHER
12. Name: Jefferson Mc Afee
13. Birthplace: Foxville. Fredk Co. MD
MOTHER
14. Maiden name: Anna Duncan.
15. Birthplace: Foxville. Fredk Co. MD
16. Informant: Oscar R. Fogle
Address: Thurmont. MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15th.39 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Blue Ridge Cem. Thurmont. Md
18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD
19. Nov. 14 1939 (Date rec'd by registrar) Anna M. Jones Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12th. 1939 19 6:10 P;M, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw her ~~alive~~ dead on NOV 12 1939
Immediate cause of death: Strangulation
Due to: Hanging by rope
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 5 Min

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 11.12.39
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: Injured at work?

23. SIGNATURE: R. W. Baer M. D. or other
Address: Frederick, Md Date signed 11.14.39

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

93C

10977

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 253 East Church Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 82 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 253 East Church Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Charles C. Frerie

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1857

8. AGE: Years 82 | Months 2 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick Co., Maryland (Town, county, and state)

10. Usual occupation Cigar Manufacturer (retired)

11. Industry or business

FATHER 12. Name J. A. William Frerie

FATHER 13. Birthplace Bavaria, Germany

MOTHER 14. Maiden Name Mary Dollinger

MOTHER 15. Birthplace Nuremburg, Germany

16 (a) Informant John F. Frerie

16 (b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 29, 1939 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

18 (b) Address Frederick, Maryland

19 (a) 29-Nov-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 27 1939, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Nov. 27 1939.

and that I last saw him alive on Nov. 27 1939.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | ? |
| Due to Chronic Myocarditis | ? |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Ault M.D. (M. D. or other)

Address Frederick Date signed 11/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

10978

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 518 Middle Alley
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Middle Alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Earnest Fry

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 24, 1892

8. AGE: Years 47 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Fry
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Ruth Dorry
15. Birthplace Frederick County Maryland

16 (a) Informant Fanny Levy
(b) Address 518 Middle Alley, Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/13/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ M. E. Sem
Location New Market. Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 14 Nov 39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death November 10th 1939, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1939, to Nov. 10 1939 and that I last saw him alive on Nov. 5 1939.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | |
| Due to — | 3 Days |
| Due to — | |
| Other conditions — | |

(Include pregnancy within 3 months of death)

Major findings: —

Of operations ____

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? —
(e) Means of injury —

23. Signature W. E. Sem
M. D. or other

Address Frederick, Md. Date signed 11-11-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10979

# CERTIFICATE OF DEATH

(97)

Reg. Dist. No. 131

**1. PLACE OF DEATH**

County Frederick

City or town Fredk. City Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fredericks City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 Mo

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County Frederick

City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

**3. (a) FULL NAME** Mr. Robert H. Gray

**3. (b) Social Security Number** ✓

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of ~~husband~~ or wife Micaja L. Watkins King

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 12 - 1860

**8. AGE:** Years 79 | Months 6 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Green Spring - Washington Co. Va.
(Town, county, and state)

10. Usual occupation Farming and stock raising

11. Industry or business Retired

FATHER
12. Name Wm M. Gray
13. Birthplace Wythe Co. Va.

MOTHER
14. Maiden name Nancy Ann Cowan
15. Birthplace Sullivan Co. Tenn.

16. Informant Dr. J. K. Gray
Address Thurmont. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 16/39 (month) (day) (year)

Cemetery or ~~cremation~~ Cemetery

Location Leesburg Va

18. Funeral director M. L. Creagan Day
Address Thurmont Md

19. 14 - Nov 1939 (Date rec'd by registrar) J. M. Lundy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1939, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/14 1939, to Nov 13 1939, and that I last saw him alive on Nov 13 1939.

Immediate cause of death Uraemia. Arteriosclerosis

Due to/ Hypertrophied Prostate

Due to — There was no operation on the prostate glands. S.W.G.R.

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: 3 Wks.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE E P Thomas M. D. or other

Address Frederick Md Date signed Nov 13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
DEC 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10980

1607

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 139

Village or City Garfield No. 1 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Patricia Ann Green. If U.S. Veteran specify WAR ...

(a) Residence: No. Rural St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Fem. | white | single |

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20th 1939

| 7. AGE | Yaars | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | 1 |

OCCUPATION

8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data daceasad last worked at this occupation (month and year)

11. Total time (yaars) spent in this occupetion

12. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

FATHER

13. NAME Roy Green

14. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Pauline Scuffins,

16. BIRTHPLACE (city or town) Washington Co.,
(State or country) Md.

17. INFORMANT Roy Green,
(Address) Smithburg, Md. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel U. B. Cem. Date 11, 21, 1939

19. UNDERTAKER Roy Green
(Address) Smithburg Md.

20. FILED Nov 21, 1939 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov. (Month) 20th (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 19 39 to Nov. 20 19 39

I last saw h er alive on Nov. 20 19 39; death is said to have occurred on the date statad above, at 12 noon m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of Importanca were as follows:

| | Date of onset |
|---|---|
| Protracted labor of mother inducing head injuries and asphyxiation | Nov 20 1939 |

Dthar **Contributory Causes** of importance:

Neme of operation ... Dete of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? ... Date of injury ..., 19...

Whare did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Neture of injury ...

24. Was disaasa or injury in any way ralated to occupation of deceased? No

If so, specify ...

(Signed) H. V. Staton M. D.

(Address) Myersville, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED DEC 6 1928 BUREAU V.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10981

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 27 days

Stay in this community (yrs., or mos., or days): 1 mo. 27 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 609 North Market Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** William H. Green

**3. (b) Social Security Number:** Yes--unknown

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widower |

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 7, 1894

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 45 | 0 | 29 | ____ hrs. ____ min. |

9. Birthplace: Walkersville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business

FATHER

12. Name: Elmer Green

13. Birthplace: Maryland

MOTHER

14. Maiden name: Maggie Shipley

15. Birthplace: Maryland

16. Informant: William H. Green

Address: Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8. 1939 (month) (day) (year)

Cemetery or crematory: Mt Hope Cemetery

Location: Woodsboro Md.

18. Funeral director: C. E. Cline

Address: Frederick, Md.

19. 11/6/39 (Date rec'd by registrar) 19____ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6 1939, at 1:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 1939 to Nov. 6 1939, and that I last saw him alive on November 5 1939.

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary tuberculosis | 5 yrs. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: Tuberculous asthma | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. M. D. or other

Address: State Sanatorium, Md. Date signed: 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94b)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

10982

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Rural (Frederick)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 19 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md (b) County Frederick

(c) ~~City or town~~ Rural Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick William Harnwell

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband or~~ wife Anna J Wilcox

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 18 1869

8. AGE: Years 70 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Mt. Vernon Ohio
(Town, county, and state)

10. Usual occupation Retired attorney

11. Industry or business

FATHER
12. Name Benjamin Harnwell
13. Birthplace England

MOTHER
14. Maiden Name Emma Probasco
15. Birthplace Lebanon, Ohio

16 (a) Informant Anna J. Harnwell
(b) Address Mt. Frederick

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 2 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md

18 (a) Funeral director Harry E. Canty Co
(b) Address Frederick

19 (a) 1-Dec-39 (Date rec'd by registrar) (b) [signature] Registrar

**MEDICAL CERTIFICATION**

20. Date of death Nov 30 1939, at 12 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to Nov 30 1939, and that I last saw him alive on Nov 30 1939

Immediate cause of death Coronary occlusion — Duration 8 mths.

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Baer
M. D. or other

Address Frederick Md Date signed 11.30-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T) (M)

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

## CERTIFICATE OF DEATH

10983

Reg. Diat. No. 137

**1. PLACE OF DEATH:**
County Frederick
City or town Tyrual near Unionville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 mo.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Tyrual near Unionville Ward No. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. Mt. Airy, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Mary Ann Johannes

**3. (b) Social Security Number** No.

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed. |

6 (b) Name of husband ~~or wife~~ Charles W. Johannes.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1847

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 92 | 5 | 19 | hrs. min. |

9. Birthplace Baltimore. Maryland.
(Town, county, and state)
10. Usual occupation None.
11. Industry or business
FATHER 12. Name John Langdon.
13. Birthplace Germany.
MOTHER 14. Maiden name Eva Ash
15. Birthplace Balto. Maryland.
16. Informant Mr. William A. Johannes
Address R.D. # Mt. Airy. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6, 1939. (month) (day) (year)
Cemetery or crematory London Park.
Location Balto. Maryland.
18. Funeral director C.M. Waltz
Address Winfield Md.
19. Nov 4 1939 H.D. Cushman
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1939, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 rd. 1939 to Nov. 2 1939, and that I last saw her alive on Oct. 3 1939

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hem. | 24 hrs. |
| Due to | |
| Due to Arteriosclerosis | unknown |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Ira M. Beall, M.D. M. D. or other
Address Libertytown Md. Date signed Nov. 4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 13 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-P)

Reg. Dist. No. 131

10984

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Oscar Calvin Kefauver

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Martha A. Schaffer

6. (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): 12-25-1882

8. **AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 10 | 29 | ____ hr. ____ min. |

9. Birthplace: Frederick County, Md. (Town, county, and state)

10. Usual occupation: Supt. of Mails

11. Industry or business: U. S. Post Office, Frederick

**FATHER**
12. Name: Mahlon C. Kefauver
13. Birthplace: Middletown, Md.

**MOTHER**
14. Maiden Name: Susan Remmell
15. Birthplace: Harford Co, Md.

16 (a) Informant: Irving S. Kefauver
(b) Address: 758 Hill Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-26-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location: Frederick, Md.

18 (a) Funeral director: C. E. Cline and Son
(b) Address: Frederick, Md.

19 (a) 25-Nov-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov 24 1939 at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1939 to Nov 24 1939, and that I last saw him alive on Nov 23 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Embolism | 1 Day |
| Due to Vegetative Endocarditis | |
| Due to | |
| Other conditions ~ | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~
Of autopsy ~

**PHYSICIAN**
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Kefauver M. D. or other
Address Frederick Date signed 11-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

10985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40hours
(e) Length of stay in this community (yrs., mos., or days) 30yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 374 Madison
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Amanda Elizabeth Keller

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ James D. Keller, Sr.

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 3, 1874

8. AGE: Years 65 | Months 4 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Loudoun County Virginia
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name James Thomas Fry
13. Birthplace Loudoun County Virginia

MOTHER
14. Maiden Name Annie Elizabeth Stoneburner
15. Birthplace Loudoun County Virginia

16 (a) Informant J. Dallas Keller, Jr.
(b) Address 374 Madison St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/22/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 22-Nov-1939 (Date rec'd by registrar) (b) Dora J. McSurely Registrar

## MEDICAL CERTIFICATION

20. Date of death November 20, 1939 at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1933, to Nov 20 1939, and that I last saw him alive on Nov 20 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 2 days |
| Due to Chronic Vascular Renal | 6 years |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lawrence Fahrney MD
M. D. or other

Address Frederick, Md. Date signed 11-20-39

RECEIVED
DEC 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10986

**1. PLACE OF DEATH** (95-B)

County Frederick Registration Dist. No. 134

Village or City near Emmitsburg, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Sarah Annie Marie Knott If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| fm | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Knott

6. DATE OF BIRTH (month, day, and year) July 2, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Fredrick Co., Md. (State or country)

FATHER

13. NAME Jacob Yingling

14. BIRTHPLACE (city or town) Fredrick Co., Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Myrray

16. BIRTHPLACE (city or town) Fredrick Co., Md. (State or country)

17. INFORMANT David A. Knott (Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt St Marrys Date Dec 1, 1939

19. UNDERTAKER S. L. Allison (Address) Emmitsburg, Md.

20. FILED Dec 1, 1939 M. F. Shuff Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov. 28, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1937, 19, to Nov 28, 39

I last saw her alive on Nov 28, 1939; death is said to have occurred on the date stated above, at 8-55 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: (Date of onset)

arterio sclerotic cardio vascular disease — several years

Cardiac Decompensation — Oct 1939

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diegnosis? clinical exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Dade M. D.

(Address) Emmitsburg Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

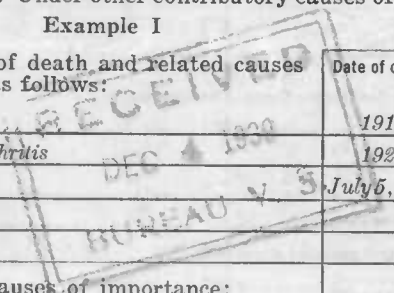
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:




| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

10987

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 133 W. South St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** John Frederick Kreh

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: M

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife: Julia Buckey Kreh

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 24-1861

8. **AGE:** Years 78 | Months 5 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Maryland (Town, county, and state)

10. Usual occupation Photographer

11. Industry or business Photography

FATHER

12. Name Peter Kreh

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Hax

15. Birthplace Germany

16 (a) Informant Mrs. Julia Buckey Kreh

(b) Address 133 W. South St. Fred. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-22-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Md.

19 (a) 21-Nov-39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death 20-Nov- 1939, at 8:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from November 10 1939, to Nov 20 1939, and that I last saw him alive on Nov 20 1939.

Immediate cause of death Bright disease acute Cause unknown. — Duration 3 months

Due to Engrafted upon a/—

Due to Chronic interstitial nephritis cause

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury Getzendanner

23. **Signature** H. F. Getzendanner M. D. or other

Address 301 S. Market St. Frederick Md. Date signed Nov 21 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107a)

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

10988

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or town Rural (near Frederick)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 miles East of Frederick (Baltonsville)
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Frank R. Lawson, Jr.

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: M
5. Color or race: W
6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8-39

8. **AGE:** Years — Months 5 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business X

**FATHER**
12. Name Frank R. Lawson
13. Birthplace Frederick Co. Md.

**MOTHER**
14. Maiden Name Angeline A. Guariglia
15. Birthplace Frederick Co. Md.

16 (a) Informant Frank R. Lawson
(b) Address near Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-9-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick Maryland

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick Md.

19 (a) 8-Nov 39 (Date rec'd by registrar) (b) D. M. Lewis Registrar

**MEDICAL CERTIFICATION**

20. Date of death Nov 7 1939, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1939, to Nov 7 1939, and that I last saw him alive on Nov 7 1939.

| | Duration |
|---|---|
| Immediate cause of death Bronchial Pneumonia | 2 DA |
| Due to Acute Resp Infection | 5 DA |
| Due to | |
| Other conditions Repeated Convulsions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Meeker M. D. or other
Address Frederick Md Date signed 11/8/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

10989

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) City or town Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1 mile north of Frederick
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Amanda Estelle Lease

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: F

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ married

6 (b) Name of husband ~~or wife~~ Emory B. Lease

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 15 - 1886

8. **AGE:** Years 53 | Months 2 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Mt. Pleasant - Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Allen Burrier
13. Birthplace Mt. Pleasant, Md.

MOTHER
14. Maiden Name Mary Catherine Lease
15. Birthplace Frederick Co. Md.

16 (a) Informant Emory B. Lease
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-14-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick, Md.

19 (a) 11-Nov (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death November 11, 1939, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1939, to 11-11 1939, and that I last saw ~~him~~ her alive on 11-10 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis of 5 years duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 P.M. 11-10-39 to 8:50 A.M. 11-11-39

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Conley M. D. or other

Address Fred Ulel Date signed 11-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-P)

## CERTIFICATE OF DEATH

10990

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

**1. PLACE OF DEATH:**
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Middletown Rur. | Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Fannie May Grove McBride

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | white | Married |

6 (b) Name of husband or wife Samuel E. McBride
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 1, 1868

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 7 | 29 | hrs. min. |

9. Birthplace Frederick Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name David Grove
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Marietta Bopst
15. Birthplace Frederick, Md.

16. Informant Samuel McBride
Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2, 1939 (month) (day) (year)
Cemetery or crematory Reform Cem.
Location Middletown, Md.
18. Funeral director Gladhill Co.
Address Middletown, Md.

19. Dec. 2, 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1939, at 1:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1937, to Nov 30 1939, and that I last saw her alive on Nov. 29 1939.

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 3 days |
| Due to Arteriosclerotic Heart Disease | 5 years. |
| Due to | |
| Other conditions Uremia | 3 weeks |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H Todd M. D. or other
Address Middletown, Md. Date signed Dec 2, 1939

RECEIVED
DEC 6 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-B)

10991

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

**3. (a) FULL NAME** Oliver C. McBride

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Annie McBride
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1871

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 9 | 28 | hrs. min. |

9. Birthplace Middletown Md.
(Town, county, and state)
10. Usual occupation Day laborer
11. Industry or business
FATHER 12. Name Daniel McBride
13. Birthplace Middletown Md.
MOTHER 14. Maiden name Mary Sigler
15. Birthplace Middletown, Md.
16. Informant Annie McBride
Address Middletown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 4 39 (month) (day) (year)
Cemetery or crematory Reform Cemetery
Location Middletown, Maryland
18. Funeral director Gladhill Co.
Address Middletown, Md.
19. Nov. 4 1939 (Date rec'd by registrar) D. Grayson Sumner Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1939, at 11:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1939, to Nov. 2 1939, and that I last saw him alive on Nov. 1 1939.

Immediate cause of death: Carcinoma right lung — DURATION: 6 mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H. Todd M. D. or other
Address Middletown, Md. Date signed 11/3/39

RECEIVED
DEC 6 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

10992

(167)

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 137

Village or City Daysville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Louis P. Martell

(a) Residence: No. Daysville St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline R. Martell

6. DATE OF BIRTH (month, day, and year) May 6. 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick City Frederick md

FATHER

13. NAME John Martell

14. BIRTHPLACE (city or town) (State or country) Frd. County

MOTHER

15. MAIDEN NAME Fannie Weisner

16. BIRTHPLACE (city or town) (State or country) Frd County

17. INFORMANT Helen Martell

(Address) Walkersville md

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns. Frd. Date Dec 4. 1939

19. UNDERTAKER G. C. Barton

(Address) Walkersville md

20. FILED Dec 7, 1939 M. B. Cuffman Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 30 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ , 19 , to , 19

I last saw him ~~alive~~ dead on Nov 30, 1939; death is said to have occurred on the date stated above, at 5.30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound of chest | |

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 11. 30, 1939

Where did injury occur? Daysville. Frd Co. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Shot gun

Nature of Injury Wound thru chest into head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. W. Baer M. D.

(Address) Frederick, md.

DEPUTY MEDICAL EXAMINER

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED JAN 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

10993

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

**1. PLACE OF DEATH:**
County Frederick Md
City or town 4 City Hospt Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) Nov 1, 4 days
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Montgomery
City or town Clarksburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural Clarksburg
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Morris A Miller

**3. (b) Social Security Number** No

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M. | W | Married |

6 (b) Name of ~~husband~~ or wife Gertrude Miller
6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 2 1890

| 8. AGE: Years | Months | Days | If lese than one day |
|---|---|---|---|
| 49 | 4 | | hrs. min. |

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Clerk
11. Industry or business Gunny Store
FATHER 12. Name A Miller
13. Birthplace Russia
MOTHER 14. Maiden name Unknown
15. Birthplace Russia
16. Informant (Wife) Gertrude Miller
Address Clarksburg Md
17. Removal Date thereof Nov 4 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Washington Memorial Cem
Location Washington Co
16. Funeral director B Damansky & Son
Address 3501-14th St NW

19 4-Nov 39 19 D M McCaudy
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH November 4 19 39, at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 39, to November 4 19 39, and that I last saw him alive on November 3 19 39.

| | DURATION |
|---|---|
| Immediate cause of death Pneumonia, bronchs, right, | 24 hrs. |
| Due to | |
| Due to | |
| Other conditions Thyroid Heart Disease & decompensation | 6 years |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death wae due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles A Colley Jr. M.D.
M. D. or other
Address Buckeystown, Md Date signed 11/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

10994

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 258 W. Patrick St.,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 258 W. Patrick (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Elsie Melista Morgan

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ Charles E. Morgan

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1874

8. AGE: Years 65 | Months 0 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Jefferson, Frederick, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Alpheus Young,

FATHER 13. Birthplace Jrfferson, Md.

MOTHER 14. Maiden Name Lavinia Elsabeth Darr

MOTHER 15. Birthplace Maryland

16 (a) Informant Mr. Chas. E. Morgan,

16 (b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/27/39 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ St. Pauls Lutheran

Location Jefferson, Md.

18 (a) Funeral director M. R. Etchison & Son,

18 (b) Address Frederick, Md.

19 (a) 25-Nov-39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 24, 1939, at 1.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938 to Nov 24 1939, and that I last saw her alive on Nov 24 1939.

Immediate cause of death: Uterine Carcinoma — Duration: 1 yr

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature [signature] M. D. or other

Address Frederick, Md. Date signed 11/25/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-00)

Reg. Dist. No. 131

10995

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 130 West 4th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 West 4 St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Kate Murphy.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11. 1867

8. AGE: Years 72 Months 10 Days 18. If less than one day hr. min.

9. Birthplace Frederick md.
(Town, county, and state)

10. Usual occupation School Teacher.

11. Industry or business Elementary.

FATHER
12. Name James D. Murphy.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Annie M. Carlin.
15. Birthplace Maryland.

16 (a) Informant J. Marshall Staub.
(b) Address Frederick md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-9-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick md.

18 (a) Funeral director Richard M. Conrad
(b) Address Frederick md.

19 (a) 9-Nov-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov. 7 1939, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935, to Nov 7 1939, and that I last saw ~~him~~ alive on Nov 7 1939.

Immediate cause of death Hemiplegia — Duration 4 days

Due to Hypertension

Due to Primary cause: Cerebral hemorrhage. Duration: three or four days.

Other conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Lawrence Fahney MD
M. D. or other
Address Frederick Md Date signed 11-8-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

10996

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 202 Grove Blvd.,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 78 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 202 Grove Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Thomas Franklin Myers

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. widower

6 (b) Name of ~~husband~~ or wife Carrie Hopkins

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1861

8. AGE: Years 78 | Months 10 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business General Farming

FATHER
12. Name George W. Myers,
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Margaret Thomas,
15. Birthplace Nr. Frederick, Md.

16 (a) Informant Mr. George W. Myers,
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/24/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 24. Nov-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death November 21, 1939, at 2.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Nov 21 1939, and that I last saw him alive on Nov 21 1939.

Immediate cause of death: Acute Nephritis; 2 weeks (Uraemia) — Duration: 1 mo

Due to Arterio Sclerosis:

Due to — acute attack engrafted upon a Chronic nephritis

Other conditions — C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature E P Thomas M. D. or other

Address Frederick, Md. Date signed 11/22/39

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

10997

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 100 Court St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 61 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Court St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Miss. Ann Ringgold Potts

3 (b) If veteran, name war: none
3 (c) Social Security No. none

| 4. Sex | 5. Color or race | 6 (a) Single, ~~married, widowed, or divorced.~~ |
|---|---|---|
| female | white | single |

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1878

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 6 | 27 | ____ hr. ____ min. |

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home
FATHER 12. Name Arthur Potts,
FATHER 13. Birthplace Nr. Walkersville, Md.
MOTHER 14. Maiden Name Helen Moberly,
MOTHER 15. Birthplace New Market, Md.
16 (a) Informant Miss. Louise Potts,
(b) Address 100 Court St., Frederick, Md
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/26/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Maryland
18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.
19 (a) 25-Nov-39 (Date rec'd by registrar) (b) Sam'l Lundy Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov. 23, 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Nov. 23 1939 and that I last saw him alive on Nov. 23 1939.

| Immediate cause of death | Duration |
|---|---|
| Acute Myocardial Insufficiency | 1 day |
| Due to Deficiency Disease (Vitamin) | |
| Due to Chronic Dysentery (Neurogenic) | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Agatin Pearre M. D. or other
Address Frederick, Md. Date signed 11/25/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10998

Reg. Dist. No. 139

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: State Sanatorium

Stay in hospital or Inst. (yrs., or mos., or deys) 1 mo. 7 days

Stay in this community (yrs., or mos., or days) 1 mo. 7 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Alleghany

City or town: Cumberland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Valley Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** William H. Potts

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Esther V. Potts

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): July 10, 1875

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 3 | 26 | hrs. min. |

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business

FATHER — 12. Name: Jacob Potts; 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown; 15. Birthplace: Unknown

16. Informant: William H. Potts

Address: Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12. 1939 (month) (day) (year)

Cemetery or crematory: Montevue

Location: Frederick md.

18. Funeral director: M. L. Creager

Address: Thurmont, Md.

19. 11/6/39 (Date rec'd by registrar) 19 ____ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6 19 39, at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 30 19 39 to Nov. 6 19 39, and that I last saw him alive on November 5 19 39

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary tuberculosis | 4 mos. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: None | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium, Md Date signed 11/6/39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (512) Reg. Dist. No. 131

# CERTIFICATE OF DEATH

10999

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 312 College Circle

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 78 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 312 College Circle
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Daniel Hauer Quynn

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

| 4. Sex | 5. Color or race | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. |
|---|---|---|
| Male | White | Married |

6 (b) Name of ~~husband~~ or wife Mary Kellinger Quynn

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) October 15, 1861

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 0 | 20 | _____ hr. _____ min. |

9. Birthplace Frederick, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Hardware Business

FATHER
12. Name Allen G. Quynn
13. Birthplace Annapolis, Maryland

MOTHER
14. Maiden Name Harriett Hauer
15. Birthplace Frederick, Maryland

16 (a) Informant Allen G. Quynn
(b) Address Washington, D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 4-Nov-39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov 4 1939, at 1.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Nov 3 1939, and that I last saw him alive on Nov 3 1939.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of prostate | 6 mths |
| Due to: Miliary carcinosis | 6 wks |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. W. Baer (M. D. or other)

Address Frederick, Md Date signed 11.4.39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Mr. Northington

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

# CERTIFICATE OF DEATH

11000

Reg. Dist. No. 144

**1. PLACE OF DEATH:**

County Frederick

City or town Thurmont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County Frederick

City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Edward J. Riffle.

3. (b) Social Security Number No

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emma Linn

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept. 9th. 1867

8. AGE: Years 72 Months 2 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Emmitsburg. MD
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Gasoline and Auto Supplies

FATHER
12. Name George Riffle
13. Birthplace Hanover. Pa

MOTHER
14. Maiden name Margaret Baker
15. Birthplace Taneytown. MD

16. Informant Mrs Edw. J? Riffle
Address Thurmont. MD

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 13th 39
(month) (day) (year)

Cemetery or crematory Cemetery

Location Keysville. Md

18. Funeral director M.L.Creager & Son
Address Thurmont. MD

19. Nov. 12 1939 Anna M. Jones
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10th. 1939 19 , at 11;45 P;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1st 1939, to Nov 10th 1939, and that I last saw him alive on Nov 9th 1939.

Immediate cause of death Acute Infarctio Cerebral Hemorrhage — DURATION 1 week

Due to Chronic Myocarditis — 2 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris A. Berely MD
M. D. or other

Address Thurmont Md Date signed 11/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 148

## CERTIFICATE OF DEATH

11001

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Woodsboro
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or town Woodsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Vernon S. Saylor

3 (b) If veteran, name war no

3 (c) Social Security No. 215-10-5423

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1876

8. AGE: Years 63 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Fredk Co. Md.
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

FATHER 12. Name Benjamin Franklin Saylor
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Adella Snyder
15. Birthplace Md.

16 (a) Informant M. Luther Saylor
(b) Address Union Bridge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope
Location Woodsboro Md.

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md.

19 (a) Nov. 7-1939 (Date rec'd by registrar) (b) L. E. Powell Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov. 5 1939, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov. 5 1939, and that I last saw him alive on Nov. 4 1939.

| Immediate cause of death | Duration |
|---|---|
| Hemorrhage from Stomach | 4 hours |
| Due to Chronic Bright's Disease | 1936 |
| Due to Nephrolithiasis | 10 years |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. A. Stultz M. D.
M. D. or other
Address Woodsboro Md. Date signed 11-6-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (930)

Reg. Dist. No. 131

# CERTIFICATE OF DEATH

11002

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 210 E. 6th. St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. 6th. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah Helen Shoemaker

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Geo. H. Shoemaker
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 12-12-1851

8. **AGE:** Years: 88 | Months: 11 | Days: 17 | If less than one day: ____ hr. ____ min.

9. Birthplace Ladiesburg, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

**FATHER**
12. Name Michael Eyler
13. Birthplace Ladiesburg Md.

**MOTHER**
14. Maiden Name Margaret Eyler
15. Birthplace Ladiesburg Md.

16 (a) Informant Mrs. Lottie Hewitbiss
(b) Address 210 E. 6th St. Frederick, Md.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12-1-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 30-Nov-1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 29 1939, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Nov. 29 1939, and that I last saw her alive on Nov. 29 1939.

| | Duration |
|---|---|
| Immediate cause of death, Myocardial Degeneration | ? |
| Due to Chronic Myocarditis | |
| Due to Arterio Sclerosis & Senility | |
| Other conditions Senescence | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Ash M.D. (M. D. or other)
Address Frederick, Md Date signed 11-30-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1930
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11003

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 138

Village or City Near Kemptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Upton Le Roy Sier If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, dey, and year) 4-8-1937

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 2 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month end year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Maryland. (State or country)

FATHER

13. NAME Le Roy Sier

14. BIRTHPLACE (city or town) Maryland. (State or country)

MOTHER

15. MAIDEN NAME Ethel Thompson

16. BIRTHPLACE (city or town) Maryland. (State or country)

17. INFORMANT Le Roy Sier (Address) Monrovia Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Kemptown Date Nov. 24. 1939

19. UNDERTAKER W. E. Falconer (Address) New Market Md.

20. FILED Nov 23, 1939 Lucian H. Falconer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 22 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1939, to Nov 22, 1939

I last saw him alive on Nov 22, 1939; death is said to have occurred on the date steted above, at 2.30 P m.

The **PRINCIPAL CAUSE OF DEATH** and reloted causes of importance were es follows:

| | Date of onset |
|---|---|
| Laryngeal diphtheria | Nov 21 1939 |

Other **Contributory Causes** of importance:

Name of operetion ... Date of ...

Whet test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death wes due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disoese or injury in eny wey related to occupation of deceased? No

If so, specify ...

(Signed) Ernest P. Roop M. D.

(Address) New Market, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) Reg. Dist. No. 131

## CERTIFICATE OF DEATH

11004

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
405 N. Market
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 86 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Market St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Miss. Elizabeth Simmons

3 (b) If veteran, name war: none
3 (c) Social Security No. none

| 4. Sex | 5. Color or race | 6 (a) Single, ~~married, widowed, or divorced.~~ |
|---|---|---|
| female | white | single |

6 (b) Name of husband or wife _____
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1853

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 9 | 3 | ____hr. ____min. |

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home

FATHER
12. Name John A. Simmons,
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Rozanna Catherine Fessler
15. Birthplace Frederick, Md.

16 (a) Informant Mr. Richard F. Simmons,
(b) Address Frederick, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 2-Dec-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

**MEDICAL CERTIFICATION**

20. Date of death November 30th, 1939 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to Nov. 30 1939, and that I last saw him alive on Nov. 30 1939.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 3 days |
| Due to Arterio sclerosis | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Wm. M. Finch
M. D. or other
Address Frederick, Md. Date signed Dec. 1-39.

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (167)

Reg. Dist. No. 13/

# CERTIFICATE OF DEATH

11005

**1. PLACE OF DEATH:**
(a) County Frederick
(b) ~~City or town~~ Frederick R. F. D. #3 Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Wilson Ave. & W. 4th St. Ext.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Nr. Frederick--R. F. D. #3
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wilson Ave. & W. 4th St., Ext.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Helen Ifert Slifer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Raymond R. Slifer

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) June 21, 1908

8. AGE: Years 31 | Months 4 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Middletown Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name Ira D. Ifert
13. Birthplace Middletown, Md.

MOTHER
14. Maiden Name Zora Lighter,
15. Birthplace Middletown, Md.

16 (a) Informant Mr. Raymond R. Slifer,
(b) Address Frederick, Md. R.D. # 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lutheran
Location Middletown, Md.

18 (a) Funeral director M.R.Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 9-Nov-39 (Date rec'd by registrar) (b) [signature] Registrar

## MEDICAL CERTIFICATION

20. Date of death November 8, 1939, at 5:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ _____ 19____, to 11.8.39, and that I last saw ~~him~~ her alive on dead 19____.

Immediate cause of death: Gunshot wound of chest — Duration: 8 hrs.
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: _____
Of autopsy: _____

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11.8.39
(c) Where did injury occur? Frederick Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Gunshot wound of chest

23. Signature [signature] DR. R. T. BAER DEPUTY MEDICAL EXAMINER
M. D. or other
Address Frederick, Md. Date signed 11/9/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(48)

Reg. Dist. No. 131

11006

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Frederick

(c) ~~City~~ or town near Walkersville, Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. Continental
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Celestia Mae Victoria Smith

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ James Lee Smith

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1880

8. AGE: Years 59 | Months 2 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business Own home

FATHER
12. Name David Baugher
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta Leather
15. Birthplace Md

16 (a) Informant Miss Adelsberger

(b) Address Emergency Hospital Fredk Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 16/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Utica Md

Location

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Maryland

19 (a) 15. Nov. 39 (Date rec'd by registrar) (b) J. M. Cleary Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov 14 1939, at 6 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1939, to Nov 14 1939, and that I last saw her alive on Nov. 14 1939.

| Immediate cause of death | Duration |
|---|---|
| Cancer of Uterus | 2 yrs? |
| Due to ↑ rectum | |
| Primary cancer of the uterus. | |
| Due to C.W.G.R. | |
| Other conditions | |
| (Include pregnancy within 3 months of death) | |
| Major findings: | |
| Of operations | |
| Of autopsy | |

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas
M. D. or other

Address Frederick Md Date signed Nov. 15-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94b)

Reg. Dist. No. 137

# CERTIFICATE OF DEATH

11007

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Rural Ladiesburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Frederick
(c) City or town J. Emmitt Pt (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Smith

3 (b) If veteran, name war X

3 (c) Social Security No. X

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or ~~wife~~ Charles H Smith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18th 1863

8. AGE: Years 76 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John M Lippy
13. Birthplace Pa

MOTHER
14. Maiden Name Susanna Fogle
15. Birthplace Md

16 (a) Informant Floyd Smith
(b) Address Keymar Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 24 1939 (month) (day) (year)
(c) Cemetery or crematory Haughs
Location near Ladiesburg

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md

19 (a) Nov 24 1939 (Date rec'd by registrar) (b) N. D. Cuffman Registrar

**MEDICAL CERTIFICATION**

20. Date of death Nov. 21 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Nov. 1939, and that I last saw him alive on Nov. 21 1939.

Immediate cause of death Coman Shrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Mission M.D. M. D. or other

Address J. Emmitt Md. Date signed Nov 23 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1930
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

11008

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 115 Ice Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 Ice (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Barbara Marie Stanton

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 11, 1934

8. **AGE:** Years 5 | Months 10 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph F. Stanton
13. Birthplace Frederick County, Maryland

MOTHER
14. Maiden Name Lillian Potts
15. Birthplace Frederick County Maryland

16 (a) Informant Joseph F. Stanton
(b) Address 115 Ice St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/1/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Fairview Cemetery
Location Nr. Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 30-Nov-39 (Date rec'd by registrar) (b) J. M. Cundy Registrar

### MEDICAL CERTIFICATION

20. Date of death November 28, 1939, at 11:45A M

21. I certify that death occurred on the date above stated; that I attended deceased for 2½ hours on 11-28-1939, and that I last saw her alive on 11-28-1939.

Immediate cause of death: Bronchial Pneumonia — Duration: 3 to 5 days

Due to Acute Bronchitis

Due to

Other conditions Lack of medical attention Sick 5 days without a Dr (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. U. G. Bourne M. D. or other

Address Frederick, Md. Date signed 11/30/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11009

**1. PLACE OF DEATH** (210-m)

County Frederick Registration Dist. No. 137

Village or City Libertytown No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Ella Simpson Stewart If U. S. Veteran, specify WAR .....

(a) Residence: No. Libertytown Md. St., ..... Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Stewart

6. DATE OF BIRTH (month, day, and year) 1862 May 13

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Libertytown Md.

FATHER

13. NAME Thomas W. Simpson

14. BIRTHPLACE (city or town) (State or country) Libertytown, Md

MOTHER

15. MAIDEN NAME Mittie Maynard

16. BIRTHPLACE (city or town) (State or country) Libertytown, Md

17. INFORMANT (Address) Mrs. Raymond Cashour

18. BURIAL, CREMATION, OR REMOVAL

Place Brunswick Md Date Nov 9, 1939

19. UNDERTAKER (Address) [illegible] Brunswick Md

20. FILED Nov 7, 1939 W. D. Curfman Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 11 (Month) 7 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct. 23, 1939, to Nov. 7, 1939

I last saw her alive on Nov. 5, 1939; death is said to have occurred on the date stated above, at 4 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hem. | 14 weeks. |

Other Contributory Causes of importance:

| | |
|---|---|
| Auto-accident | 16 weeks. |
| Was crossing street. C.W.G.R. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 20, 1939

Where did injury occur? Libertytown, Frederick County, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in public place.

Manner of injury Automobile accident.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ira W. Beall M.D.

(Address) Libertytown Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED DEC 4 1930 BUREAU OF S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11010

**1. PLACE OF DEATH**

County Frederick Registration Dist. No. 134

Village or City Emmitsburg No. Saint Joseph's St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 5 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Ellen Sweeny (Sister Agnes) If U. S. Veteran, specify WAR ___

(a) Residence: No. St. Joseph's St., Ward. ___
(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Sister of Charity |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sister of Charity

6. DATE OF BIRTH (month, day, and year) December 22, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 66 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teaching

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Clinton, New York

FATHER

13. NAME Patrick Sweeny

14. BIRTHPLACE (city or town) (State or country) Cork, Ireland

MOTHER

15. MAIDEN NAME Margaret Creedon

16. BIRTHPLACE (city or town) (State or country) Cork, Ireland

17. INFORMANT (Address) Sister Isabel

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Joseph's Date 11/18, 1939

19. UNDERTAKER (Address) Emmitsburg, Md. S. L. Allison Emmitsburg Md.

20. FILED Nov-18, 1939 J. M. F. Shuff Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1939, to Nov 16th, 1939

I last saw her alive on Nov 15th, 1939; death is said to have occurred on the date stated above, at 8 15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenza | 11/12/39 |
| Cardiac Insufficiency | 11-13-39 |

Other Contributory Causes of Importance:

| | |
|---|---|
| Chronic Arterial Sclerosis | 1938 |

Name of operation ___ Date of ___

What last confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Morris A. Bruty M. D.

(Address) Thurmont - Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11011

Reg. Dist. No. 139

**1. PLACE OF DEATH:**

County: Frederick

City or town: State Sanatorium

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 130 days

Stay in this community (yrs., or mos., or days): 130 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. F. D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish-American

**3. (a) FULL NAME:** Andrew B. Thomas

**3. (b) Social Security Number:** 214-03-9561

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Nellie Thomas

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): October 21, 1882

8. AGE: Years: 57 | Months: 0 | Days: 22 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Washington, D. C. (Town, county, and state)

10. Usual occupation: House painter

11. Industry or business:

FATHER — 12. Name: Arthur Thomas

13. Birthplace: District of Columbia

MOTHER — 14. Maiden name: Mary Bladen

15. Birthplace: Virginia

16. Informant: Andrew B. Thomas

Address: Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 14/39 (month) (day) (year)

Cemetery or crematory: Arlington National Cem.

Location: Arlington, Va.

18. Funeral director: Warner Pumphrey

Address: Silver Spring, Md.

19. 11/17/39 (Date rec'd by Registrar) 19____ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1939, at 3:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1939, to Nov. 12, 1939, and that I last saw him alive on November 12, 1939

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary tuberculosis | 6 mos. |
| Due to: Tubercle bacilli | |
| Due to: | |
| Other conditions: Tuberculous meningitis | 2 wks. |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 11/12/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 27 1933
BUREAU F. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46C

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

11012

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Montgomery
(c) ~~City or town~~ Dickerson, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Thomas

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~, or divorced: married

6 (b) Name of husband ~~or wife~~: John Thomas

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) July 4 1866

8. AGE: Years 73 | Months 4 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Serrans
13. Birthplace England

MOTHER
14. Maiden Name Jane Morganes
15. Birthplace England.

16 (a) Informant Miss Adelsberger,
(b) Address Emergency Hospital Fredk, Md

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 11/9/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. M. E. Cemetery
Location Nr. Hyattstown, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) Nov 7 39 (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov. 6 1939 at 1.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1939, to Nov. 6 1939, and that I last saw her alive on Nov. 6 1939.

| | Duration |
|---|---|
| Immediate cause of death: Intestinal Obstruction | 1 mo. |
| Due to: Carcinoma of large bowel | 1 yr. (?) |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Conley Jr. M.D.
M. D. or other
Address Buckeystown Date signed 11-6-39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (211-m)

Reg. Dist. No. 131

11013

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Frederick

(b) ~~City or town~~ Rural, Frederick, Md. R.D.3
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Public Highway

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or daye) 22yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Rural, Frederick, Md. R.D.3
(If outside city or town limits, write RURAL and give town)

(d) Street No. Near Hansonville, Md.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Marion William Warrenfeltz

| 3 (b) If veteran, name war | 3 (c) Social Security No. | 4. Sex | 5. Color or race | 6 (a) Single, ~~married, widowed, or divorced~~. |
|---|---|---|---|---|
| none | none | male | white | single |

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1917

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 22 | 2 | 27 | ____hr. ____min. |

9. Birthplace Nr. Hansonville, Fred., Md.
(Town, county, and state)

10. Usual occupation Truck Driver } Employed
11. Industry or business Milk Truck } by Father

FATHER
12. Name Ross. H. Warrenfeltz
13. Birthplace Nr. Hansonville, Md.

MOTHER
14. Maiden Name Esta Alabugh,
15. Birthplace Nr. Woodsboro, Md.

16 (a) Informant Mr. Ross. H. Warrenfeltz,
(b) Address Frederick, Md. R. D. 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Utica Cemetery
Location Utica, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) 22-Nov-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

### MEDICAL CERTIFICATION

20. Date of death Nov 20 1939, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from dead 19____, to ____ 19____, and that I last saw him ~~alive~~ on Nov 21 1939.

| Immediate cause of death | Duration |
|---|---|
| Fracture of skull | immediate |
| Due to Skull | |
| Hemorrhage | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident.
(b) Date of occurrence 11-20-39
(c) Where did injury occur? Frederick Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Common Public While at work? No
(Specify type of place)
(e) Means of injury Motor cycle accident.

23. Signature R. W. Burr. Med. Ex.
M. D. or other

Address Frederick Md. Date signed Nov 20-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Tza) CB

# CERTIFICATE OF DEATH

11014

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County Franklin
City or town Chambersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 173 N. Fourth Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Adaline Weaver

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry M. Weaver
6(c) If alive, give age: 84 years
7. Birth date of deceased (mo., day, yr.): June 29, 1860
8. AGE: Years: 79 Months: 4 Days: 16 If less than one day: hrs. min.
9. Birthplace: Cheesetown, Franklin Co., Penna.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Daniel Leberknight
13. Birthplace: Leitersburg, Md.
MOTHER 14. Maiden name: Elizabeth Holland
15. Birthplace: Cheesetown, Penna.
16. Informant: S. S. Shaffer M.D. (Son)
Address: State Sanatorium, Md.
17. Removal (Burial, cremation, or removal, Which?) Date thereof Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Cedar Grove Cemetery
Location: Chambersburg, Penna.
18. Funeral director: Sellers Brothers
Address: Chambersburg, Penna.
19. 11/14/39 19 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1939, at 11:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 12, 1939, to November 14, 1939, and that I last saw her alive on November 14, 1939

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage - | 3 days |
| Due to | |
| Due to | |
| Other conditions Hypertension | |
| Aortic Regurgitation | 40 years |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John E. Gadfuture M.D.
M. D. or other
Address State Sanatorium, Md. Date signed 11/14/39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948) Reg. Dist. No. 130

# CERTIFICATE OF DEATH

11015

**1. PLACE OF DEATH:**
(a) County Frederick
(b) City or town Rural, Adamstown, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 43yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Frederick
(c) City or town Rural, Adamstown, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Steiner Whitmore

3 (b) If veteran, name war: World War

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ella Ada Stup

6. (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1896

8. AGE: Years: 43 Months: 1 Days: 5 If less than one day: hr. min.

9. Birthplace: Nr. Buckeystown, Fred., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: General farming

FATHER
12. Name: William N. Whitmore,
13. Birthplace: Nr. Buckeystown, Md.

MOTHER
14. Maiden Name: Cecilia Funk,
15. Birthplace: Nr. Buckeystown, Md.

16 (a) Informant: Mrs. John S. Whitmore,
(b) Address: Adamstown, Md. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/39 (month) (day) (year)
(c) Cemetery or crematory: Mount Olivet
Location: Frederick, Md.

18 (a) Funeral director: M. R. Etchison & Son,
(b) Address: Frederick, Md.

19 (a) Nov 11 1939 (Date rec'd by registrar) (b) Jas. T. Nelson Registrar

## MEDICAL CERTIFICATION

20. Date of death Nov. 9th., 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to Nov. 9 1939, and that I last saw him alive on Nov. 9 1939.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | 3 days |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Bailey Jr. M.D.
M. D. or Other

Address Buckeystown, Md. Date signed 11/10/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 27 1939
BUREAU V. R.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11016

95-E

**1. PLACE OF DEATH**

County Fredrick Registration Dist. No. 134

Village or City Emmitsburg, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** George Jacob Zimmerman If U. S. Veteran, specify WAR None

(a) Residence: No. St., Ward Social Security None

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| m | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 23, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Adams Co, Pa.
(State or country)

FATHER

13. NAME Joseph Zimmerman

14. BIRTHPLACE (city or town) Adams Co, Pa.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Rowe

16. BIRTHPLACE (city or town) Fredrick Co, Md.
(State or country)

17. INFORMANT G. E. Zimmerman
(Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Mountain View Cemetary
Place Emmitsburg, Md Date Nov 23, 1939

19. UNDERTAKER L. L. Allison
(Address) Emmitsburg, Md.

20. FILED Nov 22, 19 39 M. F. Stuff
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov 21, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1926, 19, to Nov 21, 1939

I last saw him alive on Nov 21, 1939; death is said to have occurred on the date stated above, at 1A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arterio sclerotic cardio vascular disease - several yrs ago | |
| Cerebral Hemorrhage — | Nov 20 1939 |
| Other Contributory Causes of importence: | |

Neme of operation None Date of

Whet test confirmed diagnosis? Clinical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in eny way releted to occupetion of deceased?

If so, specify

(Signed) W. R. Codell M. D.

(Address) Emmitsburg, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
DEC 4 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN